

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

State of California Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Street Address

1000 G Street, Suite 450, Sacramento, CA 95814

Area Code/Phone Number

916-327-8011

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
Date Stamp
2008 DEC -1 PM 4:15

California
Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

National Academy for State Health Policy

Name

10 Free Street, 2nd Floor

Portland

ME

04101

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$	_____	_____	\$	_____
Name		Amount	Name		Amount

3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Tampa, Florida

10/4-7/08

Date(s) of Travel

\$

281

Transportation Expenses

\$

469

Lodging Expenses

\$

103

Meal Expenses

\$

18

Other Expenses

\$

871

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Attend the National Academy for State Health Policy 21st Annual State Health Policy Conference.

Identify the officials for whom the payment was used:

Cummings

Last Name

Lesley

First Name

Executive Director

Title

MRMIB-Executive Office

Department/Division

Last Name

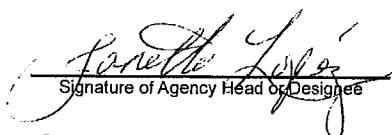
First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.



Signature of Agency Head or Designee

Janette Lopez

Print Name

Chief Deputy Director

Title

11/21/08

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

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3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Tampa, Florida

10/4-7/08

Date(s) of Travel

\$ 281.00

Transportation Expenses

\$ 469.00

Lodging Expenses

\$ 103.00

Meal Expenses

\$ 27.00

Other Expenses

\$ 880.00

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

Rouillard

Last Name

Michelle

First Name

Deputy Director

Title

MRMIB-Executive Office

Department/Division

Last Name

First Name

Title

Department/Division

4. Verification

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Signature of Agency Head or Designee

Janette Lopez

Print Name

Chief Deputy Director

Title

12/1/08 (month, day, year)

Comment: (Use this space or an attachment for any additional information.)

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(month, day, year)

\$

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Tampa, Florida

10/4-7/08

Date(s) of Travel

\$ 281.00

Transportation Expenses

\$ 517.00

Lodging Expenses

\$ 103.00

Meal Expenses

\$ 74.00

Other Expenses

\$ 975.00

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Attend the National Academy for State Health Policy 21st Annual State Health Policy Conference.

Identify the officials for whom the payment was used:

Lopez

Last Name

Janette

First Name

Chief Deputy Director

Title

MRMIB-Executive Office

Department/Division

Last Name

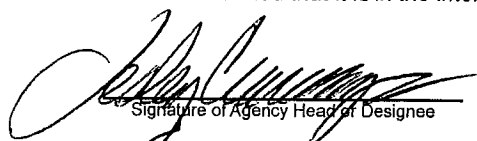
First Name

Title

Department/Division

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Signature of Agency Head of Designee

Lesley Cummings

Print Name

Executive Director

Title

11/21/08

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)